

NOTIFICATION OF DEMOLITION AND RENOVATION

| | | | | | |
|---|---------------------------|--|------------------|------------------------------------|-------|
| Operator Project #01 | Postmark 01/10/2016 | Date Received 01/10/2016 | Notification #01 | | |
| I. Type of Notification (O=Original R=Revised C=Canceled) original | | | 2016-0120 18203 | | |
| II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | | | |
| OWNER NAME: Jack Resnick & Son | | | | | |
| Address: 110 east 59th street 34th fl | | | | | |
| City: manhattan | State: ny | Zip: 10022 | | | |
| Contact: Ramiro Padin | Tel: 212-421-1300 ext 547 | | | | |
| REMOVAL CONTRACTOR: EHW ABATEMENT LLC | | | | | |
| Address: 89 FRANKLIN ST | | | | | |
| City: PATERSON | State: NJ | Zip: 07524 | | | |
| Contact: VICTOR ESPIRITU | Tel: 9733335144 | | | | |
| OTHER OPERATOR: | | | | | |
| Address: | | | | | |
| City: | State: | Zip: | | | |
| Contact: | Tel: | | | | |
| III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) RENOVATION | | | | | |
| IV. IS ASBESTOS PRESENT? (Yes/No) | | | | | |
| V. FACILITY DESCRIPTION (Include building name, number and floor or room number) | | | | | |
| Bldg. Name: JACK RESNICK & SON | | | | | |
| Address: 315 HUDSON STREET | | | | | |
| City: MANHATTAN | State: NY | County: 10013 | | | |
| Site Location: 5TH FLOOR NORTH WING | | | | | |
| Building Size: | # of Floors: | Age in Years: | | | |
| Present Use: COMERCIAL | Prior Use: COMERCIAL | | | | |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: | | | | | |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed | RACM To Be Removed | Nonfriable Asbestos Material Not To Be Removed | | Indicate Unit of Measurement Below | |
| | | Category I | Category II | UNIT | |
| Pipes | 55 | | | Ln Ft: 55 | Ln M: |
| Surface Area | 1030 | | 2320 | Sq Ft: 3350 | Sq M: |
| Vol RACM Off Facility Component | | | | Cu Ft: | Cu M: |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: | | | | Complete: | |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: | | | | Complete: | |

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

full containment,interior foam and tent glove bags

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

nyc dep and nys regulation

XII. WASTE TRANSPORTER #1

Name: tri state transfer

Address: 1199 randall av

City: bronx

State: ny

Zip: 10474

Contact Person: tri state transfer

Tel: 718-617-0771

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: minerva enterprises

Address: 900 minerva rd

City: waynesburg

State: oh

Zip: 44688

Tel: 330-866-3435

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: n/a

Title: n/a

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

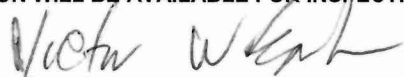
Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

any unepected asbestos found will be propecky handled and supervised

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

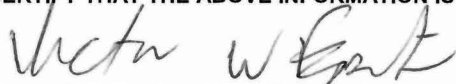


(Signature of Owner/Operator)

01-10-16

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:



(Signature of Owner/Operator)

01-10-16

(Date)